

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5	1		1			
6		1		1		
7		2		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		1		1		
13		0		1		
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18	1		1			
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TOTAL IND.			5			
TOTAL DEP.			20			
TOTAL CLAIMS			25			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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